PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2008 OCT 20 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E061 (12/07)

DOCUMENT # L95451

1. Corporation Name
Deli King, Inc.

2. Principal Office Address - No P.O. Box #
4520 Land O'Lakes Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Land O Lakes, FL

City & State

Zip: 34639 County:

4. Date Incorporated or Qualified To Do Business In Florida: 08/22/1990

5. FEI Number: 59-3029657 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: ALBERT C. WILLIAM, JR. ESQ

Street Address (P.O. Box Number is Not Acceptable): 819 SALADO DR

Suite, Apt. #, etc.: SUITE 340

City: TAMPA Zip Code: 33770

State: FL

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

400136140414
09/19/08--01009--011 **450.00
$1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 9/19/08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CASTRO, LAWRENCE R.	14704 LAKE MAGDELENE CIR	TAMPA FL 33618
V	CASTRO, CHRISTOPHER R	4407 ALLEN RD	ZEPHYRHILLS FL 33541
V	ADKINS, MICHELLE M	2550 LAKE ELLEN CIRCLE	TAMPA FL 33618
V	Adkins, Thomas P	2550 Lake Ellen Circle	Tampa, FL 33618

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the request for dissolution has been withdrawn, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals stated on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____
SIGNATURE AND TITLE OF CHAIRMAN OR VICE CHAIRMAN OF BOARD, OFFICER OR DIRECTOR

REINSTATEMENT
2006-08